

Declaration of Texas Residency

The Supplemental Security Income (SSI) client named below recently moved to Texas and needs Medicaid benefits for the month of the move.

Client Name		Social Security No.
Street Address		
City, State, ZIP		County
HHSC Authorized Staff	Telephone No. (inc. Area Code)	Date

CLIENT STATEMENT/DECLARACIÓN DEL CLIENTE

I certify that I moved to Texas on _____ **and I am now a Texas resident.**
Certifico que me vine a Texas el _____ que ahora soy residente de Texas.
(date/fecha)

Signature-Client/Firma-Cliente

Date/Fecha

TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION

The Health and Human Services Commission may be able to provide Medicaid benefits for the month the client moved to Texas. Please certify below the status of the SSI benefits in any state for the month the client moved to Texas.

For the month of _____, the above named client ☐ WAS ☐ **WAS**
month/year ☐ NOT eligible for an SSI payment.

The SSA is in the process of changing the address on SSI records from the state of _____
(state client is moving from)
to the state of Texas, effective the month after the month the SSI client changed residence to Texas.

Signature-Social Security Administration

Date

Name (please type or print)	Title	Telephone No. (inc. AC)
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**If the client is not returning this form to the Health and Human Services Commission office,
please mail (or FAX) it to the address below.**

HHSC OFFICE ADDRESS: